

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name
Organizational
UnitMailing Address
(line 1)Address (line 2
if required)

City

State

County

Zip

2. Employer
ID # (EIN)

3. DUNS #

Main
Station
Call
Letters

Radio

MHz

TV

Channel

4. Administrative Contact

E-mail

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Phone # () -

Fax # ()

5. Engineering Contact

Full
NameEngineer
Phone ()

Title

E-mail

PROJECT INFORMATION

6a. Enter "Y" if
Reactivation

N

6b. Old
File #7. Enter "Y" if new
FCC authorizations
are required

N

8. Enter the
Priority or
Category
under which
you request
the application
be reviewed

9. Enter letter(s) to classify project

(P)lanning or
(C)onstruction(R)adio or (T)V
or (RT) for both(B)roadcast or (N)onbroadcast
or (BN) for both10. Length of
Project (# of
months)

11. Check ONE line which best describes your project and enter the number of persons that the project will benefit

Enter the population in the
appropriate columnNEW BROADCAST
facility; repeater,
translator.REPLACE or
augment BROADCAST
EQUIPMENTDIGITAL
conversion of public radio
or TV stationNONBROADCAST
activation or expansion

Population Currently Served by station				
First Service added by NEW proposed facility				
ADDED SERVICE to those covered by others				

12. Single
Congressional
District of
Applicant13. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)

14. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 0

b. Applicant Share \$ 0

c. TOTAL \$ 0

d. Fed. % of eligible costs %

15. Is application subject to review by Executive Order 12372?

YES

This application was made available to the
State EO 12372 process for review on

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NO

Program is not covered by EO 12372

or Program has not been selected by
State for review16. Is applicant delinquent on
any Federal Debt?

NO

Enter YES or NO
If YES, attach explanation.

17. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.

Phone # ()

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Signature of authorized
representativeDate
signed

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550

OMB Approval
0660-0003

18. Summary of application (Summarize the purposes of the application in a few sentences.)

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19. Types of Applicant (Enter appropriate letter in box)

- A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School District
I. State Controlled Institute of Higher learning
- J. Private University
K. Indian Tribe
L. Individual (NOTE: Not eligible for PTFP funding)
M. Non-profit
O. Other (specify)

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20. Station Operations

	THIS YEAR		NEXT YEAR IF PROJECT FUNDED	
	Number	Hrs./Wk	Number	Hrs./Wk
Full-Time Staff	0	0	0	0
Part-Time Staff	0	0	0	0
Volunteers	0	0	0	0
Operating Budget	\$ 0		\$ 0	

21. Public Broadcasting Affiliations

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Check if nonbroadcast application and therefore Q. 21 Not Applicable

Enter "Y" if applicant is currently CPB qualified

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If applicant is NOT currently CPB qualified, enter "Y" if qualification is expected.

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Date of expected qualification

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Membership in national public broadcasting organizations. Enter "Y" as appropriate.

	PBS	NPR	NFCB	PRI	Other	Other
This year						
Next year						

22. New FCC Authorizations and/or New Sites required for this project (continue in Remarks section below if necessary or on another page).

Proposed Community of license	Channel #	FCC File #	Site Name	Owned	Leased

23. Yes **No** (circle one)

Have you applied to, intend to apply to, or received funds from, the Corporation for Public Broadcasting (CPB) or another Federal program for this project or a related project? Please provide information regarding funds from CPB or other Federal funds in the Remarks section below or on another page.

24. List all public radio, TV stations or ITFS facilities which provide a similar type signal to the proposed service area (1 MV for FM, Grade B for TV).

City	Call Letters
City	Call Letters
City	Call Letters

25. Areas affected by this Project (Cities, Counties, States, Etc.)

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REMARKS (continuation of any items from page 1 or this page-- continue on plain paper attached to this page if necessary)

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Exhibit A - Financial Certification - ALL Applicants

The following certification should be signed by the official responsible for fiscal affairs.

I certify that _____ ("the applicant") will have funds in the amount of \$ _____ to match a requested Federal award of \$ _____
(Enter Amount from line 13b of page 1) (Enter Amount from line 13a)
for a project with a total project cost of \$ 0 .
(Enter Amount from line 13c of page 1)

I certify that the project will be completed within _____ months if an award is made.
(Enter # of months)

I certify that the local funds required for the project (check one)
_____ are now in hand ☒ will be available no later than six months after an award is made.

The applicant has taken into account all non-Federal sources of financial support for this project and certifies that the non-Federal share stated by the applicant as being available is the maximum amount available from such sources.

Check A or B:

A: ☒ This is an initial application for funding. I have attached a discussion which explains in detail how the applicant will raise the funds necessary (1) to *match the requested Federal funds*, (2) *pay any ineligible costs identified in line B3*, of the Budget Information page 3 required to complete the project, and (3) if an application for construction funding, how the applicant will have funds necessary to *maintain and operate the facilities* once the project is completed.

B: _____ Check if this is a revised exhibit as the result of negotiations with PTFP. We agree to accept the Special Award Conditions discussed with PTFP and checked below:

<input type="checkbox"/> FCC Authorizations	<input type="checkbox"/> Other _____
<input type="checkbox"/> Local Match	<input type="checkbox"/> No Special Award Conditions discussed with PTFP.
<input type="checkbox"/> Site Rights	

(Signature)

(Title)

(Date Signed)